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addressed to: MS AF, Commission for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

On: ______08/14/2007/1

Cupital Jusa Printed: Crystal Susa



In re Application of: Theeuwes, et al.

Title: LOCAL CONCENTRATION MANAGEMENT SYSTEM **Serial No.:** 09/917,181 **Filing date:** 07/26/2001

09/917,181 Lam, Ann Y. Filing date: 07/26/2001 Group Art Unit: 1641

MS AF

Examiner:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

- 1. Return Receipt Postcard;
- 2. Transmittal Fee Sheet (2pp., in duplicate);
- 3. Petition for Extension of Time (1pg., in duplicate)
- 4. Response to Office Action (3 pp.).

Fee Calculation - The fee has been calculated as follows:

CLAIMS AS FILED (Fees computed under §1.16)

Claims	Number Filed	Minus Claims previously paid for	Number Extra	Large Entity Rate	TOTAL
Dependent Claims	33	-33	0	X \$ 50	\$ 0
Independent Claims	2	-30	0	X \$ 200	\$ 0
Multiple Dependent Claim(s)			0	X \$360	\$ 0

Petition for Extension of Time - One month

\$ 120.00

TOTAL FILING FEE \$120.00

Please charge Deposit Account No. $\underline{50-1953}$ in the amount of $\underline{\$120.00}$. The Commissioner is hereby authorized to charge any additional fees associated with this

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communication or credit any overpayment to Deposit Account No. 53-1953. This form is enclosed in duplicate.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-777-4914.

Respectfully submitted,

DURECT CORPORATION

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